

Apr 3rd, 11:00 AM - 1:30 PM

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Fleming, Antoinette, "Intimate Partner Violence Stigma: The Intersection of Race and Socioeconomic Status" (2018). *Annual Graduate Student Symposium*. 6.
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Intimate Partner Violence Stigma: The Intersection of Race and Socioeconomic Status

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Abstract

We hypothesized Black or low SES victims of intimate partner violence would be more stigmatized than White or high SES victims of intimate partner violence. Participants read vignettes and completed measures of devaluation and discrimination, desired social distance, and judgment of responsibility. ANCOVAs revealed higher rates of devaluation and discrimination and desired social distance toward low SES victims, but no interactions of race and SES.

Introduction

Approximately 36% of all women in the United States will experience intimate partner violence (IPV) at some point in their lifetime (Black et al., 2011). Intimate partner violence can cause physical injury, poor mental health, chronic health problems, hospitalization, disability, or death (e.g., Breiding, Basile, Smith, Black, & Mahendra, 2015). Stigma, or the labeling, stereotyping, separation, and status loss and discrimination of an individual (Link & Phelan, 2001), is another consequence associated with intimate partner violence. Previous research has shown there is stigma associated with being a victim of IPV (e.g., Capezza & Arriaga, 2008).

African American (Black) victims may be more heavily stigmatized than European American (White) victims (Willis-Esqueda & Harrison, 2005). Socioeconomic status (SES) may also affect a person's perception of the victim. Therefore, the level of stigma may vary depending on the interaction of the victim's race and socioeconomic status.

To date, little research has been conducted to explore the interaction of race and SES on the stigma of IPV. The current study hypothesized that victims who are Black or low SES would be more stigmatized than victims who are White or high SES, and that the most stigma would be shown toward the low SES Black victim.

Method

- 336 people were recruited via an online crowdsourcing platform (53% female; M age = 37, SD = 10.71)
- Participants read one of four vignettes (police transcript portraying an IPV victim named Sandra who was either high SES and White, low SES and White, high SES and Black, or low SES and Black)
- Demographic information
- Perceived Devaluation Discrimination Scale – revised (PDDS; Link et al., 1989; 11 items; α = .91)
“I believe that Sandra is just as intelligent as the average person.”
- Social Distance Scale – revised (SDS; Link et al., 1987; 10 items; α = .95)
“How likely would you be to become friends with Sandra?”
- Judgment of Responsibility (Schuller & Cripps, 1998; 12 items; α = .84)
“To what extent do you think Sandra is responsible for the abuse?”
- Experimental questions (Willis-Esqueda & Harrison, 2005; 3 items)
“If you had been a neighbor in this situation, how likely would it be that you would have intervened in some way (such as calling the police, knocking on the door, going to console Sandra afterwards, etc.)?”
“How likely is it that Sandra has been involved in this type of situation before?”
“Would Sandra have the right to use physical force to defend herself in this situation?”

Vignette

This is Sheriff Johnson responding to the anonymous report of a disturbance at 1839 Grand Avenue/F Street. It's a home near the *country club/trailer park*. When I arrived the woman was slumped against the wall and the husband had fled the scene. The woman's name is Sandra Wilkins. She's *Black/White*, 35 years old, with dark hair and brown eyes. She says she'd just gotten home from her job at the hospital as a *Pediatrician/cook* and her husband started yelling at her right away. She says she tried to calm him down but he just got angrier and grabbed her by the shoulders, threw her against the wall, and punched her in the face. Her eye is swollen, she's bleeding from her nose and she has bruising on her arms. The husband still hasn't returned to the scene.

Results

- Men displayed more stigma than women on all stigma measures. Men also said they would be less likely to intervene if Sandra were their neighbor.
- Participants who identified as heterosexual displayed more stigma on all measures than participants who identified as something other than heterosexual (i.e., asexual, bisexual, gay or lesbian, pansexual).
- Participants who identified as “very liberal” displayed less stigma than other political orientations on all measures.
- Greater devaluation and discrimination was shown for Sandra when she was low SES (M = 2.39) compared to when she was high SES (M = 1.93), $F(1, 328) = 25.43, p < .001, \eta^2 = .07$.
- Participants desired greater social distance from Sandra when she was low SES (M = 3.55) compared to when she was high SES (M = 2.75), $F(1, 327) = 27.75, p < .001, \eta^2 = .07$.
- Participants indicated Sandra would have the right to use physical force more often when she was high SES (M = 6.63) compared to when she was low SES (M = 6.37), $F(1, 332) = 5.79, p = .017, \eta^2 = .02$.

Discussion

Consistent with our hypotheses, there was more stigma directed toward the low SES victim than high SES; however, there were no main effects of race nor any interaction effects. These findings indicate being low SES may affect a person's view of IPV victims more than race.

Similar to previous findings, women seem to have less stigmatizing attitudes toward victims of IPV than men. Participants who identified as something other than heterosexual and participants who identified as “very liberal” also had less stigmatizing attitudes than their counterparts. Interestingly, participants also were more likely to say Sandra had a right to use physical force to defend herself when she was high SES than when she was low SES.

We hope these results can be used to educate first responders, law enforcement, mental health and medical professionals, and advocates on potential biases. Being cognizant of stigma is a good way to ensure that all victims are treated with equal respect.

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